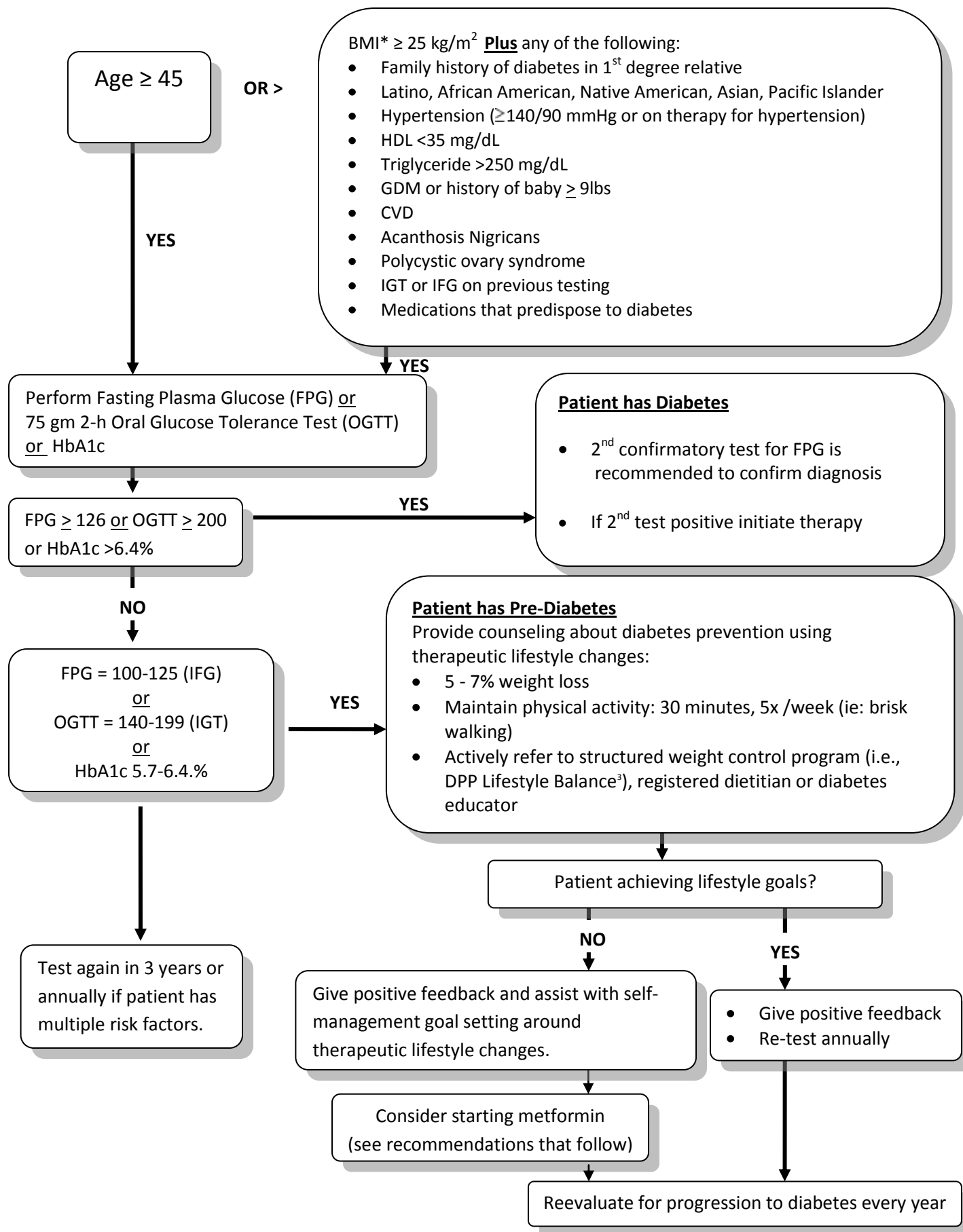


## ALGORITHM: Pre-Diabetes Identification and Intervention



### Common ICD-9 Codes for Diabetes Screening

V77.1	Diabetes Screening
790.21	Impaired Fasting Glucose
790.22	Impaired Glucose Tolerance
278.00	Obesity
278.02	Overweight

### CPT Codes for Diabetes Screening

CPT 82947	Fasting Plasma Glucose Test
CPT 82950	Post-meal Glucose
CPT 82951	Oral Glucose Tolerance Test

Medicare covers one glucose test/year if never previously tested, one test/year if previously tested and not diagnosed with pre-diabetes and two tests/year for individuals with pre-diabetes.

#### Screening:

- Testing to detect pre-diabetes and type 2 diabetes in asymptomatic people should be considered in adults who are overweight or obese ( $\text{BMI} \geq 25 \text{ kg/m}^2$ ) and who have one or more additional risk factors for diabetes. In those without these risk factors, testing should begin at age 45. (B)
- To test for pre-diabetes or diabetes, either an FPG test or a 2-h OGTT (75-g glucose load) or HbA1c or all are appropriate. (B)
- An OGTT may be considered in patients with Impaired Fasting Glucose (IFG) to better define the risk of diabetes. (E)

#### Prediabetes Treatment:

The Diabetes Prevention Program (DPP) lifestyle intervention was significantly more effective in reducing the incidence of diabetes (58% lifestyle vs 31% metformin) as compared with placebo.

- Patients with Impaired Glucose Tolerance (IGT) (A) or IFG (E) should be given counseling on weight loss of 5–7% of body weight, as well as on increasing physical activity to at least 150 min/week of moderate activity such as walking.
- Although the effectiveness of metformin was about half that achieved with lifestyle modification, substantially greater benefit was seen in a subset of younger and obese individuals. In addition to lifestyle counseling, metformin may be considered in those who are at very high risk (combined IFG and IGT plus other risk factors) and who are obese and under 60 years of age. (E)
- Monitoring for the development of diabetes in those with pre-diabetes should be performed every year. (E)

Off-label use of metformin, based on the Diabetes Prevention Program: starting dosage 500 mg a day with food, increase dose every 1-2 weeks, to achieve clinically effective dose of 1500-2000 mg/day, based on tolerability.

#### ADA evidence-grading system for clinical practice recommendations:

(A): Clear evidence from well-conducted, generalizable, randomized controlled trials. (B): Supportive evidence from well-conducted cohort studies. (C): Supportive evidence from poorly controlled or uncontrolled studies. (E): Expert consensus or clinical experience.